STATES PATENT & TRADEMAR OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 1-1996 2 Serial/Patent # 08 /6/2/82				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
_/	Filing		3-7-96	\$497.00
	Amendment			\$
	Extension of Time			\$
-	Notice of Appeal/Appeal			\$
	Petition	•		\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND \$ 2491) 570		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
V	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 6	시 3 0	650
	No Fee Due (Explanation):			
T p.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: CArmencia Kobin TITLE: Jenden				
SIGNATURE: PHONE: PHONE:				
office:				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: MONOS MUTE: 3396				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577
(01/90) Crystal